National Respite Care Workforce Recruitment and Training Program
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Project Overview

• **Goal**: To support and foster state and national efforts, including those of the RAISE Advisory Council, in promoting access to respite for family caregivers

• **Thank you to our funders**: Administration for Community Living (ACL) and The John A. Hartford Foundation (JAHF)
## Project Overview (continued)

<table>
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<tr>
<th>Objectives</th>
<th>Outcomes</th>
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| • Develop, test and scale a respite workforce recruitment, training and retention program;  
• Develop and field test a state-based framework and roadmap for respite system planning and development, which ties to the forthcoming National Caregiving Strategy; and  
• Strengthen and test approaches to help caregivers and families develop or strengthen their own natural support systems to include respite and other supports | • Improve the evidence base for respite care workforce training and recruitment to better meet the respite needs of families;  
• Strengthen the National Family Caregiving Strategy based on evidence-supported practices and state policies; and  
• Support states in their efforts to improve and expand the long-term services and supports (LTSS) direct care and respite workforce and natural supports |
NASHP Respite Webpage

• Includes interactive 50-state maps with a focus on waiver and MLTSS respite coverage, as well as respite service utilization

• Case study paper and webinar: “Emerging Respite Care Strategies in Medicaid Home and Community-Based Services Waivers for Older Adults, Adults with Physical Disabilities, and their Family Caregivers”

• State innovation blogs

https://nashp.org/respite-care/
The pilot project was designed to:

• cultivate a nationally recognized set of core competencies for entry-level respite providers, and

• field test a training curriculum based on these core competencies, as well as

• learn about and develop an innovative and specialized recruitment campaign.
Steps To Project Completion

- **Develop**
  - Develop core competencies for entry-level respite providers.

- **Enhance**
  - Enhance RCAW’s Respite Care Certificate Program (RCCP) training curriculum to align with core competencies.

- **Strategize**
  - Strategize new ways to recruit respite providers and volunteers and develop marketing campaign.

- **Pilot**
  - Pilot the enhanced competency-based respite provider training curriculum and recruitment strategies.

- **Evaluate**
  - Analyze results and complete evaluation report.

- **Replicate**
  - Develop an online replication toolkit with lessons learned.
Multi-layered Evaluation
Overall Project Outcomes

• **Outcome 1**: Establish a standard respite care training that aligns with the Core Competencies for Respite Care Professionals

• **Outcome 2**: Establish a strategy for recruiting respite care providers

• **Outcome 3**: Improve individual knowledge and confidence in providing respite care among training participants

• **Outcome 4**: Increase the number of trained respite care providers

• **Outcome 5**: Increase the number of people who join the respite care registry (if applicable)

• **Outcome 6**: Increase the number of people who indicate intent to provide respite care

• **Outcome 7**: Increase the number of people who are actively providing respite care (long-term)
Individual Learner Evaluation

- Surveys built into course
  - Intro Survey
    - Demographic Questions
    - Respite Experience Questions
    - Confidence Questions
  - Pre/Post Test
    - Scenario-based questions aligned with course objectives and core competencies
  - Post-Course Completion Survey
    - Confidence Questions
    - Likelihood of providing respite care in the next 6 months
    - Potential barriers to providing respite care
    - General course evaluation (Satisfaction and overall learning)
Individual Learner Evaluation

- 6-month follow-up survey
  - Emailed survey link
  - Are you currently providing respite care
  - How well did the training prepare you to provide respite care?

- Inactive survey
  - Why did you not complete the course?

- Virtual Interviews (in progress)
Agency Evaluation

• Worked with evaluation consultant to identify agency-specific goals

• Data collected at
  • Baseline
  • 6-months
  • 12-months (end of pilot)
  • 6-months post follow-up

• Social Network Analysis and Partner Mapping

• Recruitment Campaign Evaluation
  • How many people are enrolled in training?
  • How many people completed the training?
  • How many people joined the respite registry (if applicable)?
  • How many people are actively providing respite care?
Overall Project Evaluation

• We used the RE-AIM Framework to help guide our overall project evaluation.

• The goal of RE-AIM is to encourage program planners, evaluators, funders, and policymakers to pay more attention to essential program elements including external validity that can improve the sustainable adoption and implementation of effective, generalizable, evidence-based interventions.
The RE-AIM Framework

• **Reach** - How do I reach the targeted population with the intervention?
• **Effectiveness** - How do I know my intervention is effective?
• **Adoption** - How do I develop organizational support to deliver my intervention?
• **Implementation** - How do I ensure the intervention is delivered properly?
• **Maintenance** – How do I ensure the intervention has long-term effects over time?
Registration and Completion (1/7/22 – 12/31/22)

TOTAL Registered: 2,277

TOTAL Completed: 559
Have you provided respite care in the PAST? (n=559)
After completing the training, how likely are you to provide respite care in the NEXT 6 MONTHS? (n=559)
Which of the following best describes the COMMUNITY in which you live? (n=559)
What is your RACIAL/ETHNIC background? Select all that apply (n=559)
## Learner Test Scores

<table>
<thead>
<tr>
<th></th>
<th>n=559</th>
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<tbody>
<tr>
<td>Pre-test</td>
<td>66%</td>
</tr>
<tr>
<td>Post-test</td>
<td>75%</td>
</tr>
<tr>
<td>Average number tries to get 100%</td>
<td>3.04</td>
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Confidence

Participants who completed the RCPT between January-December 2022
How CONFIDENT are you in your ability in understanding the importance of providing meaningful short breaks for family caregivers to promote the well-being of family caregivers, care recipients, and other family members? (n=559)
How CONFIDENT are you in your ability in providing care that is focused on, and respectful of, family caregivers’ and care recipients’ preferences, needs, values, and goals for respite? (n=559)
How CONFIDENT are you in your ability in understanding and providing services and supports that are respectful... (n=559)

Pre-test Post-test
How CONFIDENT are you in your ability in building and maintaining trusting relationships with family caregivers and care recipients through active listening and respectful verbal, non-verbal, and written communication...? (n=559)
How CONFIDENT are you in your ability in supporting the physical health, functional ability, spiritual, and social-emotional well-being of care recipients based on...? (n=559)
How CONFIDENT are you in your ability in helping protect care recipients from illness, injury, abuse, neglect, or other harm; understanding how to report incidents; and responding quickly and safely during emergency situations? (n=559)
How CONFIDENT are you in your ability in working with family caregivers and care recipients to explore, define, plan, and engage in appropriate and meaningful respite activities for care recipients?  
(n=559)
How CONFIDENT are you in your ability to work in an ethical and professional manner...?  
(n=559)
How CONFIDENT are you in your ability in obtaining appropriate training based on the unique needs of care recipients and seeking opportunities for ongoing education and training?

(n=559)
How CONFIDENT are you in your ability in recognizing the importance of selfcare and actively engages in practices that promote their own safety, health, and well-being? (n=559)
Overall, how SATISFIED are you with the Respite Care Provider Training? (n=559)
What is the MOST IMPORTANT thing you learned from the training?

- To be respectful and try and understand the situation from the client or families point of view. Also, to be compassionate and empathetic to the situation.

- The most important thing that I have learned was to stay calm during any situation and to be professional. Make sure that I know what the care recipients' needs and wants. Develop a relationship with the care recipient so that they will be comfortable enough to trust me. I will have to make sure that I have all safety rules and company rules in order to keep the care recipient safe at all cost.

- There is no one size fits all. There is something new to learn each day. It is important to continue to be proactive and to participate in continuing education.

- Self care is the most important part of respite care for everyone involved.
Insights from 3 States

• New Mexico
• Nevada
• New York
• Attempted cold calls to random businesses as suggested in marketing workshop pilot grantees attended

• Training portal announced in monthly e-newsletters

• Hosted monthly informational sessions to provide an introduction and virtual demo of the training portal

• NMHU intern contacted hospitals, care coordinators, social workers and churches to share flyer and training portal

• Partnered with So’Toh Foundation on the Navajo Nation to distribute information on the training portal

• Made contacts with high schools
New Mexico – Impact

- **Trainee Numbers:**
  - Registered: 147
  - Completed: 113

- **During the pilot grant period, the impact was limited**
  - New Mexico did not have a registry available during the pilot grant
  - NMCC did not receive support from the state of NM to engage the respite training portal and launch a registry
  - Trainees reported the training was helpful, but they hoped for jobs from it that they have not gained

- **Post pilot grant period, the impact is still less robust than hoped for**
  - NMCC now has a Respite Care Registry which we financed and modeled on Wisconsin’s respite registry
  - Unfortunately, the State of New Mexico is behind schedule in implementing the lifespan respite care grant award. As such, NMCC has not yet announced the built-out Respite Care Registry to the public.
  - NMCC is contacting training completers and encouraging them to add a provider profile to the Respite Care Registry so that they’ll be ready when it launches
New Mexico – Lessons Learned

• Outreach and recruitment for a pilot program is difficult.
  • Mass marketing/generalized marketing does not work (mass emails, cold calls/emails, random flyer posting etc.)
  • It takes lots of education before folks understand the positive potential of the program
    • They need to see a personal connection to the program before they understand why its important (either a direct connection to themselves or to someone they care about)

• Launching a respite training portal with no registry for completers to list themselves on, leads to loss of interest in starting/completing the training
  • An 11-module training course is a large commitment for folks with limited time to spare
  • An online self-paced training portal is not easily accessible to everyone
    • People with low technology skills lose interest when they struggle with the online format
    • People without regular internet connections or high-speed internet cannot complete the training in an efficient manner

• Trainees require “hand-holding” to register and complete the training
Nevada - Implementation

• **Organizational Recruitment**
  • Existing partners – pilot training
  • Many had their own training curriculum already.

• **Individual Recruitment**
  • Flyers, presentations, and word of mouth
  • English and Spanish flyers

• **NV Lifespan Respite Care Coalition**
  • Help to spread the word.
  • Provide reports on progress
Nevada - Impact

- Target Population – rural/frontier, minority groups, and tribal communities
  - Minority Group focus – Hispanic population
- Numerous New Connections
  - Higher Education institutions
  - Faith-Based organizations
  - New Community Based Organizations
- Small pilot, room for expansion and growth during reset.
Nevada – Lessons Learned

- **Management Involvement** – needed higher level leadership to help set the stage for the project.
- **Community Buy-In** – need a more formal assessment of training needs and opportunities.
- **Customized Content** – develop customized content to be specific to different populations (i.e. Individuals with I/DD, Dementia, etc).
- **Registry** – must establish the registry first for tracking and future engagement.
New York –
Implementation

• **Outreach** to existing partners
• **Marketing** strategies
• **Embedding RCPT** into existing NYSCRC respite programs
• **Establishing new relationships** with workforce development
New York - Impact

• **Recognized as a comprehensive training** for respite providers
• **Included in NYS Master Plan for Aging** and NYSOFA Four Year Plan
• **Embedded** in two NYS AmeriCorps Seniors programs
• **Increased** interest
New York - Lessons Learned

• **Registry** is an essential component

• **Increased marketing** will increase impact

• **Pilot group resulted in many new ideas and approaches** and contributed to the success of the RCPT in New York
Acknowledgement

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Thank you!